

Winter Holiday Camp
Permission Slip / Medical Release Form

PARTICIPANT NAME _____ DOB _____ AGE _____

Please Check: ☐ MALE ☐ FEMALE **CAMP SITE ATTENDING** _____

PARENT NAME _____ HOME # _____ WK # _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

WORK PHONE _____ HOME PHONE _____ CEL PHONE _____

MY CHILD WILL BE ATTENDING: ☐ WEEK 1 (DECEMBER 20-24) ☐ WEEK 2 (DECEMBER 27-31)

INSURANCE CARRIER _____ I.D.# _____

Children must be signed in/out daily by an adult listed below. Please list persons authorized to sign your child in and out of camp.

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

I understand and agree to abide by the operation rules as set down by the Stockton Parks and Recreation Commission. I further agree to hold the Stockton Parks and Recreation Commission, its members, its officers and operation committees thereof, the City of Stockton, County of San Joaquin, Stockton, Lincoln, Lodi and Manteca Unified School Districts, San Joaquin Delta College; bus transportation lines, the staff and other participants, free and harmless from any and all liability whatsoever arising from my participation in this activity. My signature authorizes the City of Stockton, Parks and Recreation Director to use a photograph or similar likeness or image of myself or the child named on this form in any future advertisement or promotion of the City of Stockton Parks and Recreation Department. Further, my signature authorizes my child to be treated by the first available medical facility and physician should the need arise and my signature authorizes emergency contact listed above to pick up my child from the program and make decisions regarding my child if I am not available.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Is the child allergic to any medication or foods? If yes, please list _____

Campers must be able to monitor and administer their own medication at camp. Is your child taking any medication?

☐ Yes ☐ No If yes, please list medication _____

Reason for medication _____ Time/dosage: _____

Parents will need to be able to pick up their child at camp for violation of any camp regulations at all times. **Authorized adults will need to pick-up campers by 5:30 p.m. or an additional late fee will be charged.**

Mail registration form and check payment (payable to "CITY OF STOCKTON") to: Parks and Recreation, 6 East Lindsay Street, Stockton, CA 95202-1997.

FOR OFFICE USE ONLY: Driver's License # _____ Exp. Date _____

Date Received _____ Fee Enclosed \$ _____

41860/SP/PR/04

City of Stockton
Department of Parks and Recreation
Presents

Winter Holiday Camp




For children ages 5 -12 years

**First session,
December 20-24, 2004**

**Second session
December 27-31, 2004**

Registration begins
November 1

Space is limited

 **CITY OF STOCKTON**
Parks and Recreation Department www.stocktongov.com
Creating community through people, parks and programs



Stockton Parks and Recreation Department offers its 6th annual Winter Holiday Camp December 20-31, 2004. This camp experience provides children ages 5-12 years with a fun and safe place to spend the day during winter break. Camp activities and events will encourage campers to learn and enjoy seasonal traditions from around the world. Daily activities will include arts and crafts, sports, games, field trips and more.

Camp Hours

**Monday through Friday from
7:30 a.m. to 5:30 p.m.**

Camp Sites

- * McKinley Community Center 937-7354
424 East Ninth Street
- * Oak Park Ice Arena 937-7433
3545 Alvarado Street
- * Seifert Community Center 937-7350
128 West Benjamin Holt Drive
- * Stribley Community Center 937-7351
1760 East Sonora Street
- * Van Buskirk Community Center 937-7358
734 Houston Avenue

**Registration accepted by mail or in person
at the Stockton Parks and Recreation
Department, 6 E. Lindsay Street, Stockton,
CA 95202, weekdays from 8 a.m.-5 p.m.
and at center sites Monday through Friday
from 1 to 7 p.m. or Saturdays from 10 a.m.
to 2 p.m.**



Fees

\$40 per child, per week

\$70 per child, two weeks

Registration fees will not be refunded or pro-rated. Registration forms must be submitted by December 17, 2004.

Special Events

Campers will enjoy special all-site events. This allows the campers to come together and meet new friends. Transportation is provided to and from the events.



Winter Wonderland

Winter Wonderland will be held at Seifert Community Center December 23 from 10 a.m. to 3 p.m. The day will be filled with Christmas caroling, arts and crafts, games, activities and a Winter Wonderland Poster Contest.

United New Year's Celebration

A United New Year's Celebration will take place December 30 from 10 a.m. to 2 p.m. at Weber Point Event Center. Campers will have the opportunity to enjoy New Year's traditions from a variety of cultures. Ice skating and craft projects will add to the festivities.



Meals

- * Breakfast will be provided
- * A sack lunch and an afternoon snack must be brought from home daily
- * Participants will be allowed to eat only at designated meal times



Sample Schedule:

7:30 - 8:15 a.m.	Sign-in and free time
8:15 - 9 a.m.	Breakfast and snack clean-up
9 - 10 a.m.	Drama and dance
10 - 11 a.m.	Academic activities
11 a.m. - 12 noon	Science
12 noon - 1	Lunch/free play
1 - 2 p.m.	Literature
2 - 3 p.m.	Arts & crafts
3 - 4 p.m.	Outdoor games
4 - 4:30 p.m.	Afternoon snack
4:30 - 5:30 p.m.	Free time/clean-up

